U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 3 Name and address of person filing Name Martin Grant A name file number and address of labor organization Name I L A Local #1414 Labor Organization File Number OC9926 PO Box Bidg Room No if any PO Box Bidg Room No if any Street 473 Cooper Creek Circle City Pooler State Georgia ZIP Code + 4 131322 Enter appropriate data below if during the past fiscal year you or your spouse or milnor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent Name Trade Name if any PO Box Bidg Room No if any ZIP Code + 4 ZIP Code + 4 | <u>87</u> | |
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| Name Martin Name I | | 1 / 1 / 2005 Through 12 / 31 / 2005 |
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| State ZIP Code + 4 ' | | |
| lie Kr 1 t | 1 | ι |
| | ZIP Code + 4 | - |
| Signature "3" 3 3 | | -A |
| 15 Signature and verification The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of undersigned skinowledge and belief true correct and complete (See the section on penalties in the instructions.) | | |
| Signed Math Inout on 45-06 912713 4884 Date Telephone Number | artin Smout | 1010 |

| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from setling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | |
|--|--|--|
| 8 Name and address of Business (including trade name if any) | 9 Business deals with | |
| Name | | |
| Trade Name If any | a Labor Organization | |
| PO Box Bldg Room No If any | b Trust | |
| Street | c Employer | |
| City | | |
| State ZIP Code + 4 | | |
| 10 If 9 b or 9 c is checked give trust or employer's name | 11 a Nature of such dealing | |
| Name 1 | | |
| Trade Name if any | | |
| PO Box Bldg Room No If any | | |
| Street | 11 b Approximate dollar value of such dealing | |
| City | 12 a Nature of interest held or income received | |
| State ZIP Code + 4 | | |
| | | |
| | | |
| | en en en en en | |
| | 12 b Amount | |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | | |
| 13 a Name and address of Employer or Labor Relations Consultant | 14 a Nature of payment | |
| (including trade name if any) | 01/07/2005 Reimbursement check for fuel and maintenance of Union-owned vehicle | |
| Name I L A Local #1414 | | |
| Trade Name if any | | |
| PO Box Bldg Room No If any P O Box 1262 | | |
| Street 221 East Lathrop Ave | | |
| City Savannah | | |
| State Georgia ZIP Code + 4 31402-1262 | | |
| 13 b Is the Business an Employer X or Consultant ? | 14 b Amount of payment \$534 | |

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